Division of Health Care, Quality, Financing and Purchasing
Center for Adult Health
Drug Utilization Review (DUR) Board Meeting Minutes
Wednesday September 10, 2008
Electronic Data Systems Conference Room
171 Service Avenue
Cranston, Rhode Island

DUR Board Members Present:	Stephen Kogut, PhD, RPh, MBA Tara Higgins, RPh, CGP, CDOE Ray Maxim, MD Ellen Mauro, RN, MPH Richard Wagner, MD
DUR Board Members Absent:	John Zevzavadjian, RPh
Others Present:	Paula Avarista, RPh, MBA (RI Medical Assistance Program) Ann Bennett (Electronic Data Systems) Gail Davis (Electronic Data Systems) Karen Mariano (Electronic Data Systems) Joe Paradis, PharmD (Health Information Designs)

Minor changes where made to the minutes from the June 4, 2008 meeting.

Paula Avarista briefly reviewed the recent Pharmacy and Therapeutics Committee meeting and discussed changes to the Preferred Drug List (PDL).

There was considerable discussion regarding atypical antipsychotic agents and the possibility that this class of drugs may be added to the Preferred Drug List. The DUR Board recommended evaluating other means of improving cost effective utilization of atypical antipsychotic agents as an alternative to adding these agents to the PDL. Implementing dose optimization criteria, evaluating therapeutic duplication and the use of low doses of these agents for non FDA approved indications were discussed. The following were suggested as possible ways to improve effective utilization of the atypical antipsychotic agents and ensure that these agents are utilized according to current best practices:

- Identify and quantify claims with doses of atypical antipsychotics that are not optimized for cost savings.
- Implement hard edits, which would require prior authorization, for claims for doses of atypical antipsychotic agents that are not optimized for cost savings.
- Send intervention letters to identified prescribers explaining the potential cost savings that could be achieved by using optimized once daily dosing.
- Consider academic detailing of top prescribers of atypical antipsychotics.
- Consider prior authorization criteria for ongoing use of the lowest doses of the atypical antipsychotic agents, such as risperidal 0.25mg, quetiepine 25mg, olanzapine 2.5mg, aripiprazole 2mg and paliperidone 3mg.
- Consider prior authorization for the ongoing use of quetiepine less than 200mg per day total daily dose.
- Quantify in detail the extent of therapeutic duplication of atypical agent use in RI and compare that to other States.

- If data are available, compare readmission rates for patients on Risperdal® Consta® verses other atypical antipsychotic agents.

The utilization of OxyContin® was discussed. The drug is currently non-preferred. A summary of diagnosis information for patients taking OxyContin® was reviewed. It was noted that some patients did not appear to have a diagnosis that required the use of a long acting narcotic and several had a diagnosis of opioid dependence. The Board asked that the patients with a diagnosis of opioid dependence be reviewed to determine if the occurrence of the diagnosis of opioid dependence was recorded before or after OxyContin® had been initiated. Paula Avarista asked to review the drug and diagnosis histories for patients who did not appear to have a diagnosis that would require the use of a long acting narcotic. Issues relevant to abuse and misuse of narcotics and the use of Suboxone® and other opioids were also discussed. It was suggested that the use of Suboxone® along with another opioid should require a prior authorization. The lack of an adequate number of comprehensive pain management centers in the State of Rhode Island was also noted.

The chronic use of muscle relaxants was discussed. Board members agreed that the usefulness of these drugs is questionable after 10 to 14 days and that these drugs do have potential for abuse. The Board suggested that the chronic use of muscle relaxants be evaluated and that patient diagnosis and age be reviewed along with the concurrent use of narcotics.

Non-adherence to antidepressant therapy was discussed. It was noted that in the RI Medicaid population there were approximately 350 patients who received 65 days supply or less of antidepressant therapy over the previous 90 days. This included the use of tricyclics. A program offered by Blue Cross was reviewed which alerts prescribers via fax when prescriptions for antidepressants are refilled 10 or more days late. The Blue Cross program does not include monitoring the use of tricyclics. It was noted that under dosing of antidepressants is also of concern.

The next meeting is scheduled for Wednesday December 3, 2008 at 8:00am.